

# Lafayette choir

## Trip Permission Form

Return by: \_\_\_\_\_

Student Name: \_\_\_\_\_

Destination/Location: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Trip Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Estimated Return Time: \_\_\_\_\_

Trip Sponsor(s): \_\_\_\_\_ **Marsh / Howard** \_\_\_\_\_

Transportation Mode: \_\_\_\_\_

**NOTE: Commercial Bus requires Extended Trip Request and Board Approval. See Trip Coordinator.**

**NOTE: Students will NOT be allowed to drive other students to this event.**

**Trip Sponsors must submit an alphabetized list of tentative attendees before the event to the Associate Principal. Also, a confirmed list of attendees on the day of the event must be submitted to the Attendance Office. Classroom teachers shall mark students PRESENT. The attendance office will correct the attendance based on the confirmed list.**

**----- PARENT/GUARDIAN: PLEASE FILL OUT BOTTOM PORTION -----**

**Circle: YES NO** If school bus transportation will not be provided, my student has my permission to drive himself/herself to this event.

**Circle: YES NO** If school bus transportation will not be provided, my student has my permission to ride with an adult driver (teacher or parent volunteer) to this event.

**Circle: YES NO** If school bus transportation will not be provided, my student has my permission to ride on a Commercial Bus to this event.

**Circle: YES NO** If school bus transportation will not be provided, my student has my permission to walk with the field trip teacher to this event.

**Circle: YES NO** Does the student have a condition that requires an Emergency Medical Protocol?

**Circle: YES NO** Is an Emergency Medical Protocol on file at the school?

**Circle: YES NO** Does the student require daily medication that is normally given at school?

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ hereby grant permission to Fayette County Public Schools to transport my child to the activities listed above. I acknowledge the activity schedule as listed above, the destination(s), date(s), and departing time(s) from school. The return to school will be immediately after the activity has concluded. I hereby authorize the staff of Lafayette High School or authorized chaperones to obtain medical care for my child in the event of an emergency. I agree to be responsible for any resulting medical fees.

In the event Fayette County Public Schools are not providing transportation, I acknowledge and understand the mode of transportation as noted above. By signing this form I am acknowledging and agreeing to the mode of transportation to be used and other conditions herein. I do further certify that I am of full legal capacity to execute this authorization.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Your signature verifies that your child has your permission to go on the field trip mentioned above.